

EUROPHENE IN THE TREATMENT OF FISSURES OF THE ANUS.—Henri Fournier is credited in the *Journal de Médecine de Paris* for October 24th with the following formula :

R. Europhene..... 3 grains ;
Cacao butter 60 “

M. One such suppository to be passed into the rectum every thing and morning after emptying it by means of an enema and bathing the region of the anus with a warm decoction of juglans (made with a handful of the leaves and a quart of water). In addition, the anus should be sprinkled with equal parts of europhene and salol.

TREATMENT OF ENDOMETRITIS IN BROMINE VAPOR.—Nitot (*La Gynecologie*) maintains that the correct prophylactic treatment of parenchymatous metritis and chronic salpingitis consists in rapid cure of recent endometritis, which is the starting point of those troublesome diseases. To ensure cure a remedy is needed which can penetrate to the deepest recesses of the mucosa, and even the tubes, without dangerous effects. Caustics and fluid preparations do not possess such properties. A gas is required, and it must be freely diffusible, antiseptic, and capable of acting on the epithelium so as to modify without destroying them (“anticatarrhal action”). Bromine emits gas with the necessary qualities : a saturated aqueous solution should therefore be placed in a bottle with double tubing like an ether spray or the chloroform bottle in a Junker's inhaler. A hollow sound, connected with one tube, is passed into the uterus, whilst the solution is made to bubble by pressure on a ball connected with the second tube. Thus vapor is propelled into the uterus. Nitot claims the best results, and notes that the advantages of gaseous diffusion over intrauterine injections or other medication are self-evident. —*Brit. Med. Jour.*

THE LESIONS FOUND IN A CASE OF ATHETOSIS.—Sander (*Neurologisches Centralblatt*) gives an account of a case of paralytic dementia in which there had been repeated attacks of paralysis on the right side, with spasms more marked on that side than on the left. Finally motor disturbances of the right side occurred that were at first taken to be choreatic, but were subsequently recognized as those of pronounced athetosis, especially of the right hand. It was only during the deepest sleep that these movements ceased. After the patient's death, the left cerebral convolutions, with the exception of the occipital lobe, were found diminished in size, and this was particularly